

DOCUMENT # S92703

1. Entity Name

STRAITS INTERNATIONAL, INC.**FILED**
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90058 014 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3491 PALL MALL DR STE 201 JACKSONVILLE FL 32257 US		Mailing Address 3491 PALL MALL DR STE 201 JACKSONVILLE FL 32257 US		4. FEI Number 59-3094546 <table border="1" style="float: right; width: 100px;"> <tr><td>Applied For</td></tr> <tr><td>Not Applicable</td></tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent BEARDSLEY, DALE A. ESQUIRE 12 EAST BAY STREET JACKSONVILLE FL 32202			
				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees <small>Trust Fund Contribution.</small>			
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	DP FRIELE, JUERGEN HERBER		STREET ADDRESS				
CITY-ST-ZIP	11-5-2 PUNCAK BUKIT MUTIARA 11200 PENANG MA		CITY-ST-ZIP				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	DVT KUYPERS, UDO HEINER		STREET ADDRESS				
CITY-ST-ZIP	39 MOUNT SINAI RISE #21-01 SINGAPORE-10		CITY-ST-ZIP				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	DVPS HEW, NYEAN F		STREET ADDRESS				
CITY-ST-ZIP	3491 PALL MALL DR #201 JACKSONVILLE FL 32257		CITY-ST-ZIP				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 1/18/2001 Daytime Phone #: _____				

CR2E034 (10/00)